

**Municipal Registrars:** please circle the number of each contributor who is registered to vote in the district of the candidate. Above your signature, insert the total number of contributors on this page who are registered in the district. Please also cross out any blank lines or contributors who are not registered in the candidate's district.

**STATE OF MAINE  
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES**

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**QUALIFYING CONTRIBUTIONS  
RECEIPT AND ACKNOWLEDGMENT**

**Candidate's Name:** \_\_\_\_\_ **Office Sought:** \_\_\_\_\_ **District #:** \_\_\_\_\_  
(Please Print)

**Qualifying Contributions for the Town or City of** \_\_\_\_\_

The candidate named above acknowledges receipt of a \$5 qualifying contribution from each of the undersigned contributors. By signing this receipt, each contributor affirms that he/she received nothing of value in exchange for his/her signature and contribution. ALL NAMES MUST BE FROM THE TOWN OR CITY LISTED ABOVE.

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These qualifying contributions were received with my knowledge and consent. I have not submitted any duplicate signatures.

I have verified that \_\_\_\_\_ contributors circled above are registered to vote in the electoral district of the candidate.

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Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Registrar